Streamlining Healthcare System

*186. SHRI JESUDASU SEELAM:†
DR. T. SUBBARAMI REDDY:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether, in a bid to streamline and step up healthcare system in the country, Planning Commission has suggested measures including setting up a Public Health Development Authority with a corpus of Rs. 500 crore and launching 'Sarwa Swasthya Abhiyan' to make healthcare accessible to all;

(b) if so, whether any concrete measures have been suggested by them as to how these healthcare schemes have to be implemented; and

(c) if so, by when Government are likely to implement such schemes?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMDOSS): (a) to (c) A Statement is laid on the Table of the House.

Statement

(a) and (b) Yes, Sir. The Planning Commission in its Mid-Term Appraisal (MTA) of Tenth Plan, has recommended setting up of a Public Health Development Authority (PHDA) with a corpus of Rs. 500 crore, to set standards for quality assurance in health care; develop and disseminate national practice guidelines and consumer information; reform professional councils; build capacity in public health and develop Information Technology Infrastructure for health. They have also recommended launching a 'Sarwa Swasthya Abhiyan' in a similar manner to the 'Sarwa Shiksha Abhiyan' (which was launched in 2001). The resources may be augmented by accessing the WB, IDA credit. As per the MTA, these initiatives are to be implemented during the Eleventh Plan with preparatory work to commence from now. Many of these recommendations have been evolved in prior consultation with the Ministry of health and Family Welfare.

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†The question was actually asked on the floor of the House by Shri Jesudasu Seelam.

(c) The Government has launched the National Rural Health Mission (NRHM) on 12th April, 2005. It seeks to provide effective health care to rural population particularly poor and vulnerable sections through out the country with special focus on 18 States which includes 8 Empowered Action Group (EAG) States, 8 North-East States, Jammu & Kashmir and Himachal Pradesh. It has its key components provision of a female health activist in each villages of 8 EAG States, J&K and Assam; a village health plan prepared through a local team headed by the Health and Sanitation Committee of the Panchayat; strengthening of the rural hospitals for effective curative care and made measurable and accountable to the community through Indian Public Health Standards (IPHS), integration of vertical Health and Family Welfare Programme, mainstreaming of AYUSH and bringing about inter-sectoral convergence with other determinants of health. The Mission is to be implemented from 2005-12. The total outlay for the National Rural Health Mission for the year 2005-06 is Rs. 6731.15 crore. The recommendations of the Planning Commission in MTA are also part of the future action programme of the Ministry of Health and Family Welfare.

SHRI JESUDASU SEELAM: Sir, I am happy that the hon. Minister has given a comprehensive reply. The proposed scheme envisages taking care of the poor and vulnerable sections, including eight Empowered Action Group States, and then, it would be involving the Panchayat.

Sir, I would like to know from the hon. Minister as to what are aims of the eight Empowered Action Group States. Does it include the States where the Panchayat system has taken strong roots, such as Andhra Pradesh and Karnataka?

The second part of my question is, has the hon. Minister included anti-retroviral drugs, which are used by the people affected by HIV/AIDS in the *Sarwa Swasthya Abhiyan*?

DR. ANBUMANI RAMDOSS: Sir, there are two aspects to this question. One is, the proposed *Sarwa Swasthya Abhiyan,* which is being proposed by the Planning Commission, and which is making its Mid-Term Appraisal for the Eleventh Plan. That has nothing to do with the Tenth Plan.

Sir, under the Tenth Plan, we already have the National Rural Health Mission, launched by the hon. Prime Minister on 12th April this year. This

caters to the whole country, but with more focus on eighteen States — and not eight States — Bihar, Uttar Pradesh, Rajasthan, Madhya Pradesh, Orissa, Uttaranchal, Jharkhand, Chhattisgarh, and the eight North-Eastern States including Sikkim, Jammu & Kashmir and Himachal Pradesh. Thus, a total of eighteen States are covered under the scheme, which are receiving greater focus from the National Rural Health Mission.

Sir, under that scheme, as I have said, we would be having health workers in each of the villages — there would be roughly about 2,50,000 health workers — called ASHAs, that is, Accredited Social Health Activists, and we would be imparting training to them. So, it involves all these things.

Sir, coming to the second part of the question about providing anti-retroviral drugs, currently we are supplying free anti-retroviral drugs to some of the States, mostly the high-prevalence States, like Andhra Pradesh, Karnataka, Tamil Nadu, Maharashtra, Delhi and some of the North-Eastern States. Currently, about twenty-five hospitals are providing these drugs. By the end of the year, we propose to have hundred hospitals across the country that would be providing free anti-retroviral drugs.

SHRI JESUDASU SEELAM: Sir, my second supplementary is: I am happy that the Minister has responded for the mid-term appraisal recommendation to set up the Public Health Development Authority (PHDA) but the Planning Commission Mid-Term Appraisal also suggested setting up of a National Authority for Drugs and Therapeutics. I would like to know as to what is the response of the hon. Minister on that because that is mainly supposed to take care of the control over prices, the control over the quality of drugs. So, what is the action taken by the Health Ministry on this particular recommendation of the Planning Commission in its mid-term appraisal. That is number one. Sir, number two, I would like to know as to why Andhra, Karnataka have been... (*Interruptions*)...

MR. CHAIRMAN: Only no. 1 will be allowed.

DR. ANBUMANI RAMDOSS: Sir, the National Drug Authority was recommended in 1972 itself by the Hathi Committee, and, later on, by Dr. Mashelkar Committee that an independent drug authority should be there in the country to take control over these spurious drugs and regulate the drug industry, and, the Government of India is going in for a National Drug Authority. I have already announced this in the last session, in this

august House that we are going through that proposal, and, on these lines, we are going to appoint Dr. Mashelkar as the Task-Force head to go into this, and, within two years, we are going to have an independent National Drug Authority to have more quality medicines.

श्री सभापति: श्री आनन्द शर्मा।

डा॰ टी॰ सुब्बारामी रेड्डी: सर ...(**व्यवधान**)...

श्री सभापति: आगे आपके दो क्वैश्चन और हैं ...(**व्यवधान**)... आगे और हैं ...(**व्यवधान**)... प्रिंटेड हैं ...(**व्यवधान**)...

डा॰ टी॰ सुब्बारामी रेड्डी: सर, टाइम नहीं है।

श्री सभापति: टाइम नहीं है तो ...(**व्यवधान**)...

श्री आनन्द शर्मा: सर, इसकी जांच करानी पड़ेगी।

श्री सभापति: इसकी जांच करानी पड़ेगी।

DR. T. SUBBARAMI REDDY: Sir, my question to the hon. Minister is ...(*Interruptions*)... Sir, I must ask.

श्री सभापति: श्री रावत, मैं आपसे पूछना चाहता हूं कि यह क्वैश्चन आपने लिखा है या इन्होंने लिखा है?

श्री हरीश रावत: मैंने लिखा है, सर।

श्री सभापति: आपने लिखा है, तो आपने इनके दस्तखत क्यों कराए ...(**व्यवधान**)... ठीक है।

DR. T. SUBBARAMI REDDY: Sir, the Government has launched this National Rural Health Mission on 12th April, 2005. We are very happy with that. I would like to know from the hon. Minister as to what is the mechanism being introduced, and, how fast are you going to do it. He has said that the focus will be on eighteen States. Also, he has said that for the year 2005-06, Rs. 6,731 crore has been earmarked for this programme. We are interested in this scheme for the villages. I would like to have a comprehensive reply as to how fast it is going to be implemented and how this money is going to be spent by the Ministry.

SHRI ANAND SHARMA: Sir, the Minister has given a very

comprehensive reply and I compliment the Government for thinking about *Sarwa Swasthya Abhiyan.* When this Public Health Development Authority is being created, what is important is that the hon. Minister should also pay some attention to the deteriorating state of public health care system in the country. Sir, all the primary health centres in the rural areas, in the villages are without doctors and sub-standard medicines are dispensed with there. If you could consider calling the Health Ministers of all the States, some action can be taken on the primary health centres.

श्री सभापति: श्री सुब्बारामी रेड्डी के प्रश्न का भी जवाब दे दीजिएगा। He is also waiting ...(*Interruptions*)... Shri Reddy is also waiting for his reply.

SHRI RAVULA CHANDRA SEKAR REDDY: Sir, I have a small submission ...(*Interruptions*)...

MR. CHAIRMAN: Only one minute is there ...(*Interruptions*)... Please don't ...(*Interruptions*)...

SHRI RAVULA CHANDRA SEKAR REDDY: Sir, southern States have been neglected in this national programme ...(*Interruptions*)...

DR. ANBUMANI RAMDOSS: Sir, it is for the specific reason which the hon. Member has asked, we have launched the National Rural Health Mission specifically just for that, to upgrade the sub-centres, to upgrade the community centres, to have individual health workers in all the villages, to provide essential medicines through them, to bring down Infant Mortality Rate, to bring down Maternal Mortality Rate, to stabilise the population in all these highly populated States. These are some of the parameters. And, Sir, if you permit, we could have a discussion also on the National Rural Health Mission.

Sir, as far as the issue of Andhra Pradesh and other southern States are concerned, I would like to say that this National Rural Health Programme covers the entire country but the focus is on 18 states which have the highest parameters like IMR, MMR, crude birth rate, death rate, population, and, that is why, we are focussing more on them but we are covering the entire country.

MR. CHAIRMAN: Question Hour is over.